

<b>REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)</b>												
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)			B. Standard document number (Org identifier/FY, Doc./type code/Serial number)			C. Request status or Process Code (X one)			D. Amendment No.			
						(1)Initial			(2)Resubmission			
						(2)Correction			(4)Cancellation			
<b>Section A - TRAINEE/APPLICANT INFORMATION</b>												
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc a. Years      b. Months	
6. Home Address (Street, City, State and Zip Code)(optional)				7. Phone Numbers (Include area code)		8. Position Title						
				a. Home								
11. Organization Name				b. Office		9. Position Level (X one)			10. Pay Plan/Series/Grade/Step (Rank/MOS/AFSC/or Navy Designator)			
				(1) Commercial								
12. Organization Mailing Address (Include ZIP)				(2) Autovon		c. Supervisory			14. Type of Appointment		15. No. prior non-government training days	
				13. Organization UIC								
				16. Are you handicapped or disabled? (X one)		d. Non-Supervisory						
				Yes								
				No		e. Other (Specify)						
<b>Section B - TRAINING COURSE DATA</b>												
17. Course Title												
18. Training Objectives (Benefits to be derived by the Government)						19. Recommended Training Source, School or Facility						
						a. Name						
						b. Mailing address (Include ZIP)						
20. Course Codes						c. Location of training site (If other than 19b)						
a. Purpose		f. Security Clearance		k. Training Program		21. Course hours (4 digits)			22. Course Identifiers			
b. Type		g. Allocation Status		l. Reason for Selection								
c. Source		h. Priority		23. Training Period (YYMMDD)		a. Duty		a. SAID				
d. Special Interest		i. Training Level		a. Start		b. Non-duty		b. Catalog/Course No.				
e. Training Vendor		j. Method of Training		b. Complete		c. TOTAL		c. Offering/TLN				
<b>Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in Item 30.)</b>												
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box <span style="float: right;">→</span>												
25. Direct Costs				26. Indirect Costs (For information only)				27. Accounting Classification				
a. Tuition cost		a. Travel cost										
b. Books, material, other costs		b. Per diem/other costs										
c. Total direct costs		c. Total indirect costs										
d. Funding Source				28. Labor Costs				29. Signature of Fiscal Officer (Follow local procedure)				
31. Job Order No.				30. Total of Direct & Indirect Costs								
<b>Section D - APPROVAL/CONCURRENCE/CERTIFICATION</b>												
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver)						33. Training Officer: I certify this training meets regulatory requirements.						
a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)			a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)			
c. Signature & Title				d. Date		c. Signature & Title				d. Date		
34. Authorizing Official						35. Course Acceptance (To be completed by school official)						
a. Action (X one) <span style="float: right;">→</span>		(1) Approved		(2) Disapproved		a. Accepted		c. School Official Signature		d. Date		
b. Typed Name (Last, First, Middle Initial)		b. Phone number (Include area code)				b. Not Accepted						
36. Course Completion (To be completed by school official)												
d. Signature & Title				e. Date		a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <span style="float: right;">→</span>		b. Actual Completion Date (YYMMDD)		c. Grade		
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to:      %      days.)						d. Signature & Title						
						e. Date						
						38. Certifying Government Official						
						a. I certify that this account is correct and proper for payment in the amount of:      \$						
b. Signature						c. Date Signed						
d. DSSN Number			e. Check Number			f. Voucher number						
<b>TRAINING FACILITY:</b> Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.												